



ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED, DOCUMENTATION OF EQUINE INFLUENZA VIRUS AND EQUINE HERPES VIRUS VACCINATION WITH 6 MONTHS PRIOR TO SHOW, NEGATIVE COGGINS TEST REQUIRED FOR EACH HORSE, PLUS HEALTH CERTIFICATES FOR OUT OF STATE HORSES, PLUS COPY OF CURRENT ASHA MEMBERSHIP CARD FOR EACH OWNER, EXHIBITOR & TRAINER (MISCELLANEOUS, ACADEMY AND WALK/TROT CLASSES EXEMPT). **NO ENTRIES PROCESSED UNTIL MONEY RECEIVED.**

Please complete both sides of this form -- signature required

OWNER'S NAME: _____

ASHA #: _____

UPHA #: _____

ENTRIES CLOSE: MAY 3, 2021

	NAME OF HORSE	AGE	COLOR	SEX	HT	REG.#	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
								FEE	FEE	FEE	FEE	

**Bedding / Feed For Sunday Must Be Ordered by Saturday
Will Not Be On Premises Sunday**

FOR COMPETITION'S USE:

Ck#	Ck Amt.
Date Rec.	
EB#	

Cell Number _____

Email Address: _____

Stable With: _____

Arrival Date: _____

Local Hotel: _____

MAKE CHECKS PAYABLE TO:
MADISON CLASSIC HORSE SHOW

MAIL ENTRIES TO:
MAY CLASSIC HORSE SHOW
VICKY HOLSTON, MANAGER/SECRETARY
N7887 Maple Ridge Road
OCONOMOWOC, WI 53066
(262) 560-9764
E-MAIL: vholston@msn.com

Quality Feed & Bedding
920-866-2459 or 920-362-1054

May Classic Web Site:
www.horshowcalendar.com
Stalls Available Tuesday, May 25

TOTAL ENTRY FEES _____

_____ BOX STALLS @ \$150.00..... _____

_____ TACK STALLS @ \$150.00..... _____

_____ CLASS SPONSOR @ \$150.00..... _____

_____ EARLY ARRIVALS @ \$20.00/ Prior to May 24 _____

_____ OFFICE FEE @ \$30.00/HORSE (mandatory charge)..... _____

_____ POST ENTRY FEE (mandatory) if received after close _____
If received prior to May 24: \$25.00/horse. On or after May 24: \$50.00/horse

TOTAL CHARGES\$ _____



MAY CLASSIC HORSE SHOW ENTRY AGREEMENT
 SIGNATURES REQUIRED IN FOUR (4) PLACES (AT X) BELOW
 Entries Not Signed Will Not Be Accepted * Carefully Read This Agreement Before Signing!



Entry Agreement

I represent that I am eligible to enter and/or participate under the rules, and every horse I am entering is eligible as entered.

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

(This document waives important legal rights. Read it carefully before signing)

I AGREE in consideration for my participation in the Competition May Classic Horse Show UPHA Chapter 3 / 4 to the following:

I AGREE that the “Federation” and “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).

I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

BY SIGNING THE BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owner (Mandatory)

Trainer (Mandatory)

Rider/Driver/Handler/Agent (Mandatory)

Signature: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Print Name: _____

UPHA #: _____

UPHA# _____

UPHA# _____

Address: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Phone: _____

COMPLETE BOTH SIDES OF THIS FORM!